Entered - 03/18/98 - sb CL - 98L0183 - GWENDOLYN BURNS

00-_{/2} -1831

CLAIM OF: Moritz D. Holloway 537 East Avenue, NE Atlanta, Georgia 30310

For property damages alleged to have been sustained when a sanitation truck accidentally pulled down telephone and cable wires on February 23, 1998 at 537 East Avenue, NE.

THIS ADVERSED REPORT IS APPROVED

(Conclud) Rub

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0183	Date: October 31, 2000
Claimant /Victim MORITZ D. HOLLOWAY	
BY: (Atty) (Ins. Co.)	
Address: 537 East Avenue, NE, Atlanta, Georgia 30310	
Subrogation: Claim for Property damage \$ Uns	pecified Bodily Injury \$
Date of Notice: 3/9/98 Method: Writte	n, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.) X
Date of Occurrence 2/23/98	Place: 537 East Avenue, NE
Department PUBLIC WORKS	Division Solid Waste Services
Employee involved	Disciplinary Action:
2.mp0,00	
NATURE OF CLAIM: Claimant alleges that he sustained	ed damages when a sanitation truck accidentally pulled dow
telephone and cable wires from his residence. However, clair	nant has failed to pursue his claim.
lorephosis :	
INVESTIGATION:	
,	
Statements: City employee Claimant	Others Oral
Pictures Diagrams Reports: Police	Dept Report Other X
Traffic citations issued: City Driver	_ Claimant Driver
Citation disposition: City Driver	Claimant Driver
•	
BASIS OF RECOMMENDATION:	
Function: Governmental X	MinisterialOtherX Damages reasonable
Improper Notice More than Six Months	Other X Damages reasonable
City not involved Offer rejected	Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligent	Joint Claim Abandoned X
	S
	Respectfully submitted,
	Juneardolm On
	INVESTIGATOR - GWENDOLYN BURNS
	INVESTIGATOR - GWENDOLTN BORNS
THE COLUMN ATION.	/
RECOMMENDATION:	
Pay \$ Adverse X A	ccount charged: 1A012J012H01
	Concur/date //ora
Claims Manager:	Council Action
Committee Action:	Council / totton
FORM 23-61	

COUNCIL OF THE CITY OF ATLANTA® RE: CLAIM FOR DAMAGES MUNICIPAL CLERK City Hall 404-124-8754
55 Trinity Averue, S.W. ms. miller Today's Date:__ ENTERED - 3-18-98 - SB MAR - 9 1998 Atlanta, Georgia 30335 98L0183 - ANTHONY OATIS Dear Municipal Clerk: 2. Time of Incident: [2, 20 pm 3. Police called: _ 1. Date of incident: +CL Location of incident (including street address): 53 Name of your insurance company: Travelino down East Ave State what and how incident occurred: Lyanches Across 7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: (Make) (Year) (Tag Number) (Driver's Name) 10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s). 11. This claim should be mailed immediately to the address shown above. I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. Signature of Claimant (Address) (City, State and Zip Code)

(Work Namber)

(Home Number)